CITY OF JERSEY CITY

Department of Public Works

Division of Engineering, Traffic & Transportation

575 Route 440, Jersey City, New Jersey 07305

Bicycle Rack Donation Form

		Received by:	
Date			
NAME	(FIRST NAME)		
(LAST NAME)	(FIRST NAME)	(MIDDLE INITIAL)	
Business Name (if applicabl	e)		
ADDRESS			
СІТУ	STATE	ZIP CODE	
PHONE #	EMAIL ADDRESS		
TYPE AND NUMBER OF BICY	CLE RACKS TO BE SPONSOR	ED:	
AMOUNT DONATED: \$ includes the cost of installation		r bicycle rack and Type B \$350 per bicycle rack. Donation	
REQUESTED LOCATION* OF	BICYCLE RACK(S):		

* Note: Requested location(s) will be reviewed and subject to approval by the Division of Engineering, Traffic & Transportation to ensure the location and type of rack(s) meet engineering standards. The method of installation will be determined by the Division of Engineering, Traffic & Transportation.



(Optional: Attach Map of Proposed Location)

Type A Bike Rack (\$250.00 Each)



Type B Bike Rack (\$350.00 Each)

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DONATION INFORMATION

The City has created a trust fund for the collection of donations intended to increase bicycle parking in retail districts and other locations throughout the City. Checks for donations to the bicycle rack fund should be made payable to the "City of Jersey City" and submitted with this form completed to: Municipal Engineer, Division of Engineering, Traffic & Transportation, 575 Route 440, Jersey City, New Jersey, 07305. Please note that you are sponsoring a public bicycle rack to be located on public property that will be available for bicycle parking for the general public. If the location of the bicycle rack is deemed to be not feasible, the City will refund your donation. The bicycle rack will become the property of the City of Jersey City and the City reserves the right to remove the bicycle rack in the future at any discretion without any consequences.

Thank you very much for your contribution.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

DATE:	
	DATE: